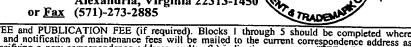
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									(Depositor's name)	
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APPLICATION NO.	APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO.	
10/540,940	10/540,940 06/23/2005						285/04607 3797			
TITLE OF INVENTION	: SURFACE PLASMOI	N RESC	NANCE SENSOI	R			31	0317		
APPLN. TYPE	SMALL ENTITY	199	SUE FEE DUB	PUBLICATION FEE D	) (T	ODEN DATE SOUR		707.1.601.0	·	
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	•		ART UNIT	\$300		\$0 1		\$1740	09/04/2008	
	EXAMINER  EXAMINER			CLASS-SUBCLASS 356-445000						
	STAFIRA, MICHAEL PATRICK 2886  1. Change of correspondence address or indication of "Fee Address" (37)				the patent front page, list					
CFR 1.363).			(2)	(1) the names of u	p to	3 registered patent		eys I	•	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered attorney 2 registered patent listed, no name wil	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME A									***************************************	
PLEASE NOTE: Unl recordation as set forth	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be pletion o	low, no assignee of this form is NO	data will appear on tl I a substitute for filing	ne pa gan a	itent. If an assigno issignment.	c is id	entified below, the do	cument has been filed for	
(A) NAME OF ASSIG				(B) RESIDENCE: (C		and STATE OR C	OUNT	RY)		
Bio-Rad Lab	ooratories Inc.			Hercules, C.	A					
Please check the appropri	iate assignee category or	catego	ries (will not be pr	inted on the patent)		Individual 🛣 Co	rporatio	on or other private grou	p entity Government	
4a. The following fcc(s) a	are submitted:		4b	. Payment of Fee(s): (		se first reapply an	y previ	iously paid issue fee st	nown above)	
	Issue Fee Dipute Institute					Form BTO 2020				
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5. Change in Entity Stat	tus (from status indicated	l above	)	overpayment, to E	repus	an Account Number	. 50-	(enclose an	extra copy of this form).	
	S SMALL ENTITY statu			☐ b. Applicant is no	long	er claiming SMAL	L ENT	TTY status. See 37 CFF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	iired) w tes Pate	rill not be accepted nt and Trademark	from anyone other th Office.	an th	e applicant; a regis	tered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature	Mark	-6	! May	rahi		Date Aug	ust 1	2 <sub>02</sub> 2008 <sub>3999</sub> 9968 50	1407 10540940	
Typed or printed name	Martin D. Mo	yniha	a <u>n</u>			Registration No	1 4	0,33840.00 DA		
richalialia, riginia 223	13-1730.					tain a benefil by the mated to take 12 dual case. Any con , U.S. Patent and T THIS ADDRESS.	e publi inutes nments radem: SEND	c which is to file (and to complete, including on the amount of time ark Office, U.S. Depart TO: Commissioner fo	by the USPTO to process) gathering, preparing, and by you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,	
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PRTSI				1	Cer hereby certify that the	rtificate o his Fee(s)	f Mailing or Tran	smission	d with the United		
P.O. Box 16446				Š	States Postal Service	with suffic	cient postage for fi	rst class ma	ail in an envelope		
Arlington, VA 2	2215			i t	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
									(Depositor's name)		
									(Signature)		
									(Date)		
APPLICATION NO.		FILING DATE		FIRST NAMED INVEN		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/540,940		06/23/2005	·	Boaz Ran			285/64607	3797			
TITLE OF INVENTION	: SURFA	CE PLASMON	RESONANCE SENSO	R		36	えは				
						270	:517		•		
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nonprovisional		МО	\$1440	\$300	\$0		\$1740	C	9/04/2008		
EXAM	EXAMINER		ART UNIT	CLASS-SUBCLASS							
STAFIRA, MICH	STAFIRA, MICHAEL PATRICK			356-445000							
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	ondence a	ddress (or Cha	nge of Correspondence	(1) the names of up or agents OR, altern	to 3 registered pater	it attorney	s <sup>1</sup>				
			nge of Correspondence			member	a 2 .				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESI	DENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)						
PLEASE NOTE: Unl recordation as set fort	ess an as n in 37 Cl	signee is identi FR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing	patent. If an assign an assignment.	ee is iden	tified below, the d	ocument h	as been filed for		
(A) NAME OF ASSIG	•		(CITY and STATE OR COUNTRY)								
Bio-Rad Lab	orator	ries Inc.		Hercules, CA							
Please check the appropri	ate assign	nee category or	categories (will not be pr	inted on the patent):	🔲 Individual 🕱 Co	rporation	or other private gro	oup entity	Government		
4a. The following fcc(s) a	ire submi	ttcd:	41	o. Payment of Fee(s): (P	lease first reannly ar	ıv nrevior	isly naid issue fee	chown abo	wel		
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Publication Fee (N	ermitted)	Payment by credit	ard. Form PTO-2038	is attache	ed.						
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5. Change in Entity Stat	ns (from	etatue indicated	ahove)	overpayment to be	posit Accduit Number	- 20-L	407 (enclose a	n extra cop	y or this torm).		
a. Applicant claims		•	☐ b. Applicant is no l	onger claiming SMAI	J ENTIT	Y status See 37 Cl	FR 1 27(a)(	(2)			
NOTE: The Issue Fee and interest as shown by the r											
interest as shown by the r	ecords of	the United State	es Patent and Trademark	Office.	.,,						
Authorized Signature	_0_	Mach	O clap	whin	Date Aug	ust 12,	2008				
Typed or printed name Martin D. Moynihan					Registration N				· 		
This collection of informs an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V. Alexandria, Virginia 2231	3-1430.		R I.311. The informatic J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	on is required to obtain of 1.14. This collection is depending upon the into Chief Information Off COMPLETED FORMS	r retain a benefit by the stimated to take 12 n lividual case. Any concer, U.S. Patent and TO THIS ADDRESS	ne public voluntes to mments or Trademark . SEND T	which is to file (and complete, includin n the amount of tin c Office, U.S. Depa O: Commissioner f	by the US g gathering ne you req artment of to for Patents,	PTO to process) g, preparing, and uire to complete Commerce, P.O. P.O. Box 1450,		